

8.3 Definitions for Particular Health-Related Services

See “[8.4 Frequency of Help/Services Needed](#)” for instructions on how to fill in the frequency rows on the HRS table.

Medical or Skilled Nursing Need	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
Child has life-threatening incidents with sudden onset	<p>This row is to include children who, if they were hospitalized, would probably be in <i>intensive care</i>. Life-threatening incidents in the strictest sense of respiratory/cardiac arrest.</p> <p><input checked="" type="checkbox"/> A premature baby was sent home from hospital six weeks ago with oxygen and apnea monitors that alarm if he stops breathing. He continues to have significant respiratory problems. He is on oxygen, but he needs the oxygen to be turned up sometimes when he gets cyanotic (turning grey from lack of oxygen). This happens almost every time he nurses or cries. He can only tolerate half a feeding at a time, because he gets too low on oxygen. His apnea alarm continued to go off 3 to 6 times a week through last week, requiring stimulation to get him to breathe. His caregivers check his “blood oxygen saturations” to adjust the oxygen doses several times a day. For him, the screener checks “Oxygen...” 2 or more times/day AND the screener also checks this 1st row, “Child has life-threatening incidents with sudden onset” more than 2 times/day.</p> <p><input checked="" type="checkbox"/> Child has uncontrolled seizure disorder and has stopped breathing several times during seizures. He requires private duty nurses and has to be constantly monitored by someone able to assess his respiratory status during a seizure. Several times he has needed not only oxygen, but also to be “bagged” (oxygen forced into his lungs). The incidents come on suddenly and he would die without these interventions.</p> <p><input type="checkbox"/> A premature baby was sent home from hospital 6 weeks ago with oxygen and apnea monitors that alarm if the she stops breathing. She is now doing quite well. She is still on low-dose oxygen while she sleeps, but she has not needed it more than that for over a month. Her apnea alarm has not gone off for five weeks. For her, the screener checks Oxygen 2 or more times/day. The screener does not check this row for life-threatening incidents.</p> <p><input type="checkbox"/> Child has an uncontrolled seizure disorder. He has to wear a helmet to prevent head injuries during seizures. His family and school staff often administer Valium during his longer seizures. These seizures occur suddenly and at unpredictable times, so he cannot be left alone. However, he does not have any respiratory problems during seizures; they are not life-threatening incidents in the strictest sense of respiratory/cardiac arrest. The interventions needed for them are fairly basic and the outcomes are predictable. This row does not apply.</p> <p><input type="checkbox"/> Child requires constant attention to prevent him from running into traffic or other life-threatening behaviors of sudden onset. This row is for emergency skilled nursing tasks. Safety and behavior risks are captured elsewhere in the</p>

Medical or Skilled Nursing Need	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
	CLTS FS. <input type="checkbox"/> Child is dying from a terminal condition, and cares are to maintain comfort. This row is for emergency skilled nursing tasks of sudden onset.
BOWEL or OSTOMY - Related <u>SKILLED</u> Tasks (Digital Stim, Changing Wafer, Irrigation) Does not include site care.	<input checked="" type="checkbox"/> Mom reports that child receives one or more of the treatments listed in this row. <input checked="" type="checkbox"/> Parents do “skilled” tasks include changing the wafer (which adheres to the skin and needs to be cut to proper size to avoid skin breakdown around the ostomy), and irrigations. <input type="checkbox"/> Child receives suppositories, laxatives, or other medications. <input type="checkbox"/> Child is on a “toileting schedule” but has none of tasks listed in the row. <input type="checkbox"/> Someone empties the ostomy bag a few times a day. (This is not a skilled task.) <input type="checkbox"/> Child has urinary ostomy from the bladder. (See Urinary Catheter row.)
DIALYSIS (hemodialysis or peritoneal, in home or at clinic)	Sometimes dialysis is only needed a few times; be sure to confirm the duration of over six months. Dialysis is usually every other day, or three days a week. That should be the frequency checked for this row; do not check higher frequencies for general monitoring of blood pressure, fluid and diet, etc. <input checked="" type="checkbox"/> Child goes to a dialysis clinic every other day. (Check “4-7 days/week” frequency.) <input checked="" type="checkbox"/> Home health nurse or parents administer “peritoneal dialysis” every night. (Check “2 or more times/day” frequency for hooking up and disconnecting the dialysis system.) <input type="checkbox"/> Site care and dressings to the dialysis shunt (an IV-like line for access to blood vessels) is captured in the wound care row, not here.
IVs - peripheral or central lines - fluids, medications, transfusions. Does not include site care.	<input checked="" type="checkbox"/> Child goes to outpatient hospital or clinic to receive IV treatments. <input checked="" type="checkbox"/> Parent flushes child’s central line once a day. <i>Definition: “flush.” If an IV does not have fluids dripping in, it needs a “flush”- a tiny injection of blood thinner to keep it from clotting closed.</i>
OXYGEN and/or deep SUCTIONING – With Oxygen to include only <u>SKILLED</u> tasks such as titrating oxygen, checking blood saturation levels, etc.	<input checked="" type="checkbox"/> “Deep” suctioning (down the back of the throat into the windpipe) is being done. <input checked="" type="checkbox"/> Child wears oxygen while napping and overnight. Parent needs to apply it. (Check 2 or more times/day box.) <input checked="" type="checkbox"/> Child gets short of breath easily, and needs someone to monitor for that and apply oxygen if she needs it. Over the past few months, she has needed oxygen on average more than half the days, and each day she needs it, it is several times each day. 2 or more times a day is the most accurate average frequency for her. <input checked="" type="checkbox"/> Baby is on oxygen and needs continual monitoring of it. (Check 2 or more times a day.) <input type="checkbox"/> “Oral” or pharyngeal suctioning (i.e., just in the mouth) is being done. <input type="checkbox"/> Bulb suctioning in infant’s nostrils. <input type="checkbox"/> The oxygen vendor’s trips (usually every few weeks) to provide new tanks.

Medical or Skilled Nursing Need	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
RESPIRATORY TREATMENTS: Chest PT, C-PAP, Bi-PAP, IPPB treatments (does NOT include inhalers or nebulizers)	<p>Use this row to record frequency for respiratory treatments such as “C-PAP” or “Bi-PAP” and chest physiotherapy and postural drainage.</p> <p><input checked="" type="checkbox"/> Child receives chest PT and respiratory therapy from a respiratory therapist. <i>Definition: “Chest PT” is chest physiotherapy to help move mucous up out of the lungs. It includes someone clapping on the child’s back, or vests or machines that shake or tap on the torso.</i></p> <p><input checked="" type="checkbox"/> Parents and school aides do chest PT and postural drainage twice every day. <input checked="" type="checkbox"/> Child uses C-PAP or Bi-PAP during sleep times. <i>Definition: A small machine blows air into a facemask, creating extra pressure that keeps the airway and lung more open. The machine does not breathe for the child; it only creates a little extra pressure.</i></p> <p><input checked="" type="checkbox"/> Child receives IPPB treatments 1 to 4 times a day depending on her breathing status. On average over the past few months, she receives IPPB treatments twice a day. (Check 2 or more times/day box.) <i>Definition: IPPB treatments and nebulizers involve pouring a precise amount of liquid medicine into an aerosolizing machine.</i></p> <p><input type="checkbox"/> An adult administers hand-held inhalers or aerosols.</p>
TPN (Total Parenteral Nutrition) Does not include site care.	<p><i>Definition: This is when the child gets all their nutrition through an IV (intravenous) line. (“Parenteral” means outside the gut.)</i> The solution is extremely high in sugars, so there is high risk of infection and of dangerously abnormal blood sugars. TPN is always run via an IV pump for precisely controlled infusion rate. It requires close monitoring, so most of the time the screener would check the “2 or more times a day” column.</p> <p><input checked="" type="checkbox"/> Child cannot receive nutrition through intestinal system, and receives continual TPN. Check “2 or more times a day.”</p> <p><input type="checkbox"/> Child has continual IVs, which parent calls “sugar water,” but the IV bags contain clear fluid, parent has never heard of “TPN,” and child eats food. <i>This is IV fluid with just a little sugar, not complete nutrition; it is not TPN.</i></p>
TUBE FEEDINGS Does not include site care	<p><i>Definitions: NG (nasogastric) A feeding tube down the nose (or mouth) and esophagus to the stomach. NG tubes are now rare and are always temporary, due to risk of aspiration into lungs, discomfort in nose and throat, and skin breakdown of the nostrils.</i> <i>Definition: G-tube (gastrostomy) A feeding tube goes through the abdomen into the stomach.</i> <i>Definition: J-tube (jejunostomy) A feeding tube goes through the abdomen into the intestine just below the stomach.</i> <i>Definition: “Mickey” A special button apparatus to hold a G-tube in place.</i></p> <p>The screener does not need to separate out every single task if several are done at the same time. Instead, indicate the general number of times a day that the tube feeding is changed, started, and stopped. Do not include flushing the tubing after medication administration.</p> <p><input checked="" type="checkbox"/> Young child is on a continuous tube feeding. The skilled tasks (checking for proper placement, starting a new bag of feeding, running the pump, etc.) are most often done many times a day. Check the “2 or more times a day” column.</p>

Medical or Skilled Nursing Need	<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
	<input checked="" type="checkbox"/> Child is starting to eat, but receives an 8-hour tube feeding 2 or 3 times a week. Check 4 to 7 times/week column. <input checked="" type="checkbox"/> Child can eat and the G-tube is being used only for medications. The only skilled task is changing the G-tube every 30 days or so. Check 1-3 times/month column. <input type="checkbox"/> Flushing the tubing after medication administration is not counted as a skilled task.
URINARY CATHETER-RELATED SKILLED TASKS (straight caths, irrigations, instilling meds). Does not include site care.	<p><i>Definition: "Straight caths" or "Intermittent urinary catheterizations" are an "in & out" cathing, done usually every 4 to 8 hours.</i></p> <p>There is a special exception in this row. Formerly, urinary catheters were changed every 30 days. Now, newer materials allow some catheters to be changed only every 60 to 90 days. For this task only, the screener can check the "1 to 3 times/month" column if someone changes the catheter, regardless of whether it is 30, 60, or 90 days (or somewhere in between).</p> <p><input checked="" type="checkbox"/> Child has a continually indwelling catheter almost all of the time. Someone else empties the bag 3 times/day. The only skilled task is to change the catheter every 60 days. Check 1 to 3 times/month.</p> <p><input checked="" type="checkbox"/> Child has a urinary catheter overnight only. If overnight, putting it in and taking it out count as 2 separate tasks. Check 2 or more times/day.</p> <p><input checked="" type="checkbox"/> 10-year-old boy with Spina Bifida self-catheterizes to empty his bladder six times a day. He has good clean technique and no problems with his self-cathing. His parents need to keep an eye out for signs of a urinary tract infection and call the doctor if they occur. The 4 to 7 times a week frequency is most accurate.</p> <p><input checked="" type="checkbox"/> Child has a suprapubic catheter (through the skin into the bladder). Parents "irrigate" (flush) the catheter twice a day. Check 2 or more times/day column.</p> <p><input checked="" type="checkbox"/> 12-year-old boy with Spina Bifida and some learning delays "sort of knows" how to catheterize himself, but he often does not do it, and his technique is not clean enough. He does not watch for or report the symptoms of urinary tract infections. Because of these problems, an adult usually needs to talk him through his self-cathing step-by-step. "Skilled nursing help" does include step-by-step cueing. Check the "2 or more times a day" box.</p> <p><input type="checkbox"/> Routine "cath care" usually just soap and water as normal part of bathing.</p>

8.4 Frequency of Help/Services Needed

1. For each condition or task (each row) that applies to the child, the screener will check to indicate either that the child is *independent* with the task, OR that they need skilled nursing *help from others*.
2. If the child does need skilled nursing help from others, screeners must indicate the **frequency** at which that help is needed.

Precision is important, and screeners will need to consult with healthcare providers or other experts familiar with the child and his or her needs.

- ☒ Indicates that the item on the functional screen should be checked.
- ☐ Indicates that the item on the functional screen should not be checked.

Child is INDEPENDENT in Managing a Health-Related Service

- ☒ A child is independent in turning the oxygen on and off, taking it on and off, checking their oxygen saturation level (if required), and changing water bottles and tubing (**if** required).
- ☒ School nurse oversees girl's self-injections due to school policy, but girl is completely **independent** with the task and with monitoring for problems.
- ☐ Girl knows how to check her blood sugars but usually will not unless an adult reminds her and watches her to make sure she does it.

If the child is not independent in managing a condition, place one checkmark in the column showing the most accurate frequency of "Skilled Nursing Help from Others."

Skilled Nursing Help from Others

The HRS Table looks for "Skilled Nursing Help from Others." "Skilled nursing" describes the task being done, but **not who is doing it**. Parents and other family members or school professionals are often taught to do highly skilled nursing tasks.

Some examples of situations where parents and others are trained to provide this type of care include: a mom managing a child's ventilator, a dad administering a child's IM (intramuscular) shots, and/or a Nurse's aides, school aide, or other direct care workers having been taught to do the skilled task for this child. The screen is not concerned about someone doing other "unskilled" tasks not precisely listed on the Functional Screen. Skilled nursing help includes step-by-step cueing.

Frequencies of Skilled Nursing Help

The column headings are:

- 1 to 3 times/ month
- 1 to 3 times/ week
- 4 to 7 times/ week
- 2 or more times a day

Indicate Frequency of Skilled TASKS, Not Duration of Condition

For conditions that are continually present (e.g., an indwelling urinary catheter), the checkmark should indicate the frequency of tasks related to the condition. When one condition involves more than one task, check the most frequent task with which help is needed from others. Oxygen is often worn continually; screeners should find the frequency at which the child needs help from others with particular tasks related to the oxygen.

Example: Sara has an indwelling urinary (“Foley”) catheter in continually. The catheter is changed (by a nurse) every 30 days. Daily “cath care” is just soap and water as normal part of bathing and is not really considered a “health-related service” on the screen. No irrigations are needed. Sara also has a tracheostomy. Tasks related to this include having a nurse change the trach tube once every month, and a parent clean the trach site (“trach care”) twice a day. Screener places TWO checkmarks: 1) Urinary catheter-related skilled tasks at “1 to 3 times/Month” and 2) Tracheostomy Care at “1-2 times/day.”

Averaging Frequencies

Because it is a screen for **long-term** supports, the screen cannot just take a “snapshot” of what the child is getting for treatments today or this week, unless those treatments are expected to last for months at that frequency.

The screener will encounter frequencies of treatments that do not fit the columns in this table. Options are limited for brevity. Here are some guidelines for rounding off or taking averages for differing frequencies:

- If the frequency of treatments varies **over weeks or months**, select the answer that seems closest to the **average** frequency of help needed.
- If the frequency of treatments varies **day to day**, select the answer that most accurately describes their needs on the **higher** frequency days.
- If something is done less than once every month, the screener will not check it on the HRS table. If a task is done “every month or two”: Ask how many times over the past 6 or 12 months. If that averages to almost once/month, check the “1 to 3 times/month” column.
- If the frequency of treatments averages to less than once a month, do not check it.

Multiple Frequencies of one Health-Related Service

There are often multiple frequencies for a single health-related service. As a rule of thumb, check the one with the highest frequency. For example, there will often be several skilled tasks for one IV, each at a different frequency. Check the one of **highest** frequency.

Expected Frequencies

If the child is expecting to encounter health-related services in the near future, it may be difficult to determine the average frequency of help/services needed. With some conditions an educated estimate can be made. For example, if a child is expected to get a central line very soon it might be hard to predict the frequency of skilled tasks. However, since most central lines need to be flushed once/day, that is a safe box to check.